

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07-12-10

Address: 1837 E CR 500 S

Case #: 96F05310

Carlisle, In

County: Sullivan-77

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): west room
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: west room
☒ Water Reactive Metal (Lithium): kitchen
☒ Anhydrous Ammonia: west room
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: kitchen
☒ Corrosive Base: kitchen
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Law Enforcement

This report is to be faxed to the following agencies that serve the location:

Fire Department: Paxton VFD

Fax: N/A

Health Department: Sullivan County

Fax: (812)268-0423

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: J.D. Goldner / 5228 Phone (765)653-4114

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.